B 22A (Official Form 22A) (Chapter 7) (04/13)

| In re Laurie R. Montalto | According to the information required to be entered on this statement | | | | |
|--|---|--|--|--|--|
| Debtor(s) | (check one box as directed in Part I, III, or VI of this statement): | | | | |
| Case Number: 8-14-71323-reg (If known) | ☑ The presumption arises. ☐ The presumption does not arise. ☐ The presumption is temporarily inapplicable. ☐ The presumption is the p | | | | |

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

| | Part I. MILITARY AND NON-CONSUMER DEBTORS | | | | | | |
|----|--|--|--|--|--|--|--|
| | Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. | | | | | | |
| IA | Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). | | | | | | |
| 1B | Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. | | | | | | |
| | Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts. | | | | | | |
| | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. | | | | | | |
| lC | Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard | | | | | | |
| | a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; OR | | | | | | |
| | b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on , which is less than 540 days before this bankruptcy case was filed. | | | | | | |

| | Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION | | | | | | | |
|-----|--|---|--------------|-------------------------------|--|------------|-------------|--|
| 2 | Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ☐ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. ☑ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. ☐ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. | | | | | | | |
| | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. Column B Spouse's Income | | | | | | | |
| 3 | Gross | wages, salary, tips, bonuses, overtime, commiss | sions. | | | § 1,745.09 | \$ 9,976.11 | |
| 4 | Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. | | | | | | | |
| | a. | Gross receipts | \$ | | | | | |
| | b. | Ordinary and necessary business expenses | \$ | | | | | |
| | c. | Business income | | ine b from Line a | | \$ | \$ | |
| | in the | and other real property income. Subtract Line be appropriate column(s) of Line 5. Do not enter a nurt of the operating expenses entered on Line b | umber less t | han zero. Do not inclu | | | | |
| 5 | a. | Gross receipts | \$ | | | | | |
| | b. | Ordinary and necessary operating expenses | \$ | | | | | |
| | c. | Rent and other real property income | Subtract L | ine b from Line a | | \$ | \$ | |
| 6 | Intere | st, dividends and royalties. | | | | \$ | \$ | |
| × 7 | Pensio | n and retirement income. | | | | \$ | \$ | |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B. | | | | | | \$ | |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | | | | | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ Spouse \$ \$ | | | | | | | |

| 3 22A (O | fficial Form | ı 22A) (Chapter | 7) (04/13) | | | | | | | |
|----------|---|---|---|---|--|--|----------------|-------------|--|----------------|
| 10 | sources paid by alimony Security | on a separat y your spous y or separat y Act or payr | e page. Do not in e if Column B is e maintenance. I | nclude alimony of completed, but Do not include and a victim of a war | include all other p y benefits received | enance payments payments of | 1 | | The state of the s | |
| | a. | | | | | \$ | | | | |
| | b. | | | | | \$ | | | | |
| | Total a | and enter on | Line 10 | | | | \$ | | \$ | |
| 11 | Subtotal and, if C | i l of Curren Column B is | t Monthly Incon completed, add L | ne for § 707(b)(7 ines 3 through 10 |). Add Lines 3 thro in Column B. Er | u 10 in Column A, iter the total(s). | \$ | 1,745.09 | \$ | 9,976.11 |
| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. \$ 11,721.20 | | | | | | | | | |
| | | | Part III. AP | PLICATION | OF § 707(b)(7 |) EXCLUSION | 100 m | | A C | A din A Na |
| 13 | Annuali 12 and e | ized Curren enter the resu | t Monthly Incon | ne for § 707(b)(1 | 7). Multiply the an | mount from Line 12 i | y th | e number | \$ 1 | 140,654.40 |
| 14 | size. (Tl | ble median his informat tcy court.) | family income. I on is available by | Enter the median y family size at <u>w</u> | family income for ww.usdoj.gov/ust | the applicable state of or from the clerk of | and h | nousehold | | |
| | a. Enter debtor's state of residence: New York b. Enter debtor's household size: 3 \$ 70,151.00 | | | | | | | | | |
| | Applicat | tion of Sect | on 707(b)(7). Ch | neck the applicab | le box and proceed | l as directed. | - | | | |
| 15 | The a | amount on arise" at the | Line 13 is less th top of page 1 of 1 | an or equal to the | ne amount on Lin d complete Part V | e 14. Check the box | for ' Parts | "The presur | npti or V | on does II. |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.

| 16 | Enter | the amount from Line 12. | | | | \$ | 11.721.20 |
|-----|------------------------------------|--|---|--|---------------------------------------|----|-----------|
| 17 | Line 1 debtor payme depen | al adjustment. If you checked the box at Line 1, Column B that was NOT paid on a regular be's dependents. Specify in the lines below the batter of the spouse's tax liability or the spouse's s dents) and the amount of income devoted to each rate page. If you did not check box at Line 2.c. | asis for the household expensis for excluding the Columport of persons other that the purpose. If necessary, little | enses of the demn B income an the debtor | ebtor or the (such as or the debtor's | | |
| | | | | | | 1 | |
| **/ | a. | Çar Payment | s s | 448.96 | | | |
| | 1 | | \$ | 448.96 259.09 | | | |
| | a. | Car Payment | \$ \$ \$ \$ \$ | | | | |

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| | | Part V. CALCUI | LATION OF | 'DEI | OUCTION | S FROM INCO | ME | | |
|--------|---|---|-----------------|---------|--------------|----------------------|--------------|--|--------|
| * . | | Subpart A: Deductions u | ınder Stand: | ards (| of the Inte | rnal Revenue S | ervice (IRS) | | |
| 19A | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | | \$ | 1,234.00 | | |
| 19B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. | | | | | | | | |
| | Pers | ons under 65 years of age | | Pers | ons 65 years | s of age or older | | | |
| | al. | Allowance per person | 60.00 | a2. | Allowance | per person | | | |
| | b1. | Number of persons | 3 | b2. | Number of | f persons | | | |
| 1 2 | cl. | Subtotal | 180.00 | c2. | Subtotal | | | \$ | 180.00 |
| 20A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | | \$ | 702.00 | | |
| 20B | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from | | | | | | | | |
| | a. | IRS Housing and Utilities Stan | dards; mortgage | e/renta | expense | \$ | 2,448.00 | | |
| 4 | b. | Average Monthly Payment for if any, as stated in Line 42 | any debts secur | ed by | your home, | \$ | 2,433.99 | | |
| į. | c. | Net mortgage/rental expense | | | | Subtract Line b fro | om Line a. | \$ | 14.01 |
| 21 | and 20 Utilitie | Standards: housing and utilitied B does not accurately compute the Standards, enter any additional contention in the space below: | ne allowance to | which | you are enti | tled under the IRS F | lousing and | maket a constitution of the constitution of th | |
| | | | | | | | | \$ | 0.00 |

| B 22A (| Official Fo | orm 22A) (Chapter 7) (04/13) | | | | | |
|---------|---|---|--|----|----------|--|--|
| | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. | | | | | | |
| | Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. | | | | | | |
| 22A | 2A \ 0 1 \ 2 or more. | | | | | | |
| | Transp Local Statist | checked 0, enter on Line 22A the "Public Transportation" amount portation. If you checked 1 or 2 or more, enter on Line 22A the "Of Standards: Transportation for the applicable number of vehicles in itial Area or Census Region. (These amounts are available at www.nkruptcy.court.) | perating Costs" amount from IRS the applicable Metropolitan | \$ | 684.00 | | |
| 22B | expenses for a vehicle and also use public transportation, and you contend that you are entitled to an | | | | | | |
| | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. | | | | | | |
| .23 | Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the | | | | | | |
| | a. | IRS Transportation Standards, Ownership Costs | \$ 517.00 | | | | |
| | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 | \$ 23.42 | | | | |
| | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. | \$ | 493.58 | | |
| | Local checke | Standards: transportation ownership/lease expense; Vehicle 2. d the "2 or more" Box in Line 23. | Complete this Line only if you | | | | |
| 24 | Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. | | | | | | |
| | a. | IRS Transportation Standards, Ownership Costs | \$ | | | | |
| | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | \$ | | | | |
| | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. | \$ | | | |
| .25 | federal | Necessary Expenses: taxes. Enter the total average monthly exper, state and local taxes, other than real estate and sales taxes, such as ocial-security taxes, and Medicare taxes. Do not include real estates. | s income taxes, self-employment | \$ | 2,858.00 | | |
| 26 | payroll | Necessary Expenses: involuntary deductions for employment. deductions that are required for your employment, such as retiremen costs. Do not include discretionary amounts, such as voluntary | ent contributions, union dues, and | \$ | 0.00 | | |
| 27 | term li | Necessary Expenses: life insurance. Enter total average monthly fe insurance for yourself. Do not include premiums for insurance for any other form of insurance. | premiums that you actually pay for e on your dependents, for whole | \$ | 106.10 | | |
| - | Other | Necessary Expenses: court-ordered payments. Enter the total m | onthly amount that you are | - | | | |
| 28 | required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. | | | | | | |

secondary school by your dependent children less than 18 years of age. You must provide your case trustee

with documentation of your actual expenses, and you must explain why the amount claimed is

reasonable and necessary and not already accounted for in the IRS Standards.

38

0.00

^{*}Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| 2 <u>A (C</u> | official Fo | rm 22A) (Chapter 7) (04 | 4/13) | | | | | | |
|---------------|--|---|--|--|--|---|------------------|--|--|
| 9 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | | | | | | \$ | 0.00 | |
| 0 | Contin | ued charitable co | ntributions. Enter the amount that younts to a charitable organization as def | u will com | tinue to contri | bute in the form | of | \$ | 140.00 |
| 7 | | | e Deductions under § 707(b). Enter | | | | | | |
| | NAC A LI | | | | | | | \$ | 570.00 |
| 3 3 7 | T_ | Amilia (1997) (1994) | Subpart C: Deductions for each of your debts to | | | | <u> </u> | | i er je |
| 12 | Payme total of filing | ent, and check whe of all amounts sched of the bankruptcy of | the creditor, identify the property sector the payment includes taxes or installed as contractually due to each Sector ase, divided by 60. If necessary, list and anothly Payments on Line 42. Property Securing the Debt | urance. To ured Credi additional e | he Average M itor in the 60 rentries on a se Average | onthly Payment months following parate page. End Does payment | is the g the ter | | |
| 1.4 | | Creditor | | I | Monthly Payment | include taxes or insurance? | | | |
| | a. | | Mortgage | \$ | 2,433.99 | □ yes □ no | | | |
| | b | | Vehicle 1 | \$ | 23.42 | □ yes □ no | | | |
| | c. | | Vehicle 2 | \$ | | □ yes □ no | | | |
| | | | Other | 1 | l: Add s a, b and c. | | | \$ | 2,457.41 |
| | residen you m in add amoun | nce, a motor vehicle ay include in your of ition to the paymen at would include an | red claims. If any of debts listed in I e, or other property necessary for your deduction 1/60th of any amount (the "ts listed in Line 42, in order to maintary sums in default that must be paid in nounts in the following chart. If neces | r support of cure amou in possess order to a ssary, list a | or the support int") that you ion of the pro void reposses: | of your depender must pay the cre perty. The cure sion or foreclosu- ries on a separate | ditor re. | AND THE REAL PROPERTY AND THE PROPERTY A | |
| | | Creditor | and the state of t | | | are Amount | | | A CONTRACTOR OF THE CONTRACTOR |
| | a. | | | \$ | | | i | | A CONTRACTOR OF THE CONTRACTOR |
| 30 to | b. | | | \$ | | | | | 77 |
| - 4 - 5, v | c. | | | \$ | | | | | |
| : : | | | | Tot | al: Add Line | s a, b and c | | \$ | 0.00 |
| | as prio | rity tax, child supp | priority claims. Enter the total amount and alimony claims, for which your rrent obligations, such as those set | ı were liab | le at the time | priority claims, of your bankrupt | such tcy | | |
| July 1 | 11111112. | Do not include cu | rrent obligations, such as those set- | out in Lin | e 28. | | | ₽. | |

B 22A (Official Form 22A) (Chapter 7) (04/13)

court.)

expense.

a.

c.

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49

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51.

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53

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55

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enter the result.

the remainder of Part VI.

53 through 55).

VII.

| | Expense Description | Monthly Amount |
|----|---------------------|----------------|
| a. | | \$ |
| b. | | \$ |
| c. | | \$ |

Total: Add Lines a, b and c \$ 0.00

 $[^]st$ Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment, DOJ 22A Exhibit

Case 8-14-71323-reg Doc 12-5 Filed 05/22/14 Entered 05/22/14 09:53:18

B 22A (Official Form 22A) (Chapter 7) (04/13)

| | Part VIII: VERIFICATION | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| The state of the s | I declare under penalty of perjury that the information both debtors must sign.) | ation provided in this statement is true and correct. (If this is a joint case, | | | | | | |
| 57 | Date: | Signature: (Debior) | | | | | | |
| | Date: | Signature: (Joint Debtor. if any) | | | | | | |

DOJ 22A Exhibit